

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/747,814        |
| Filing Date            | December 29, 2003 |
| First Named Inventor   | Naruhide Kitada   |
| Art Unit               | 2181              |
| Examiner Name          | N/A               |
| Attorney Docket Number | 9319M-000622      |

### ENCLOSURES (check all that apply)

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s)<br><i>(please identify below):</i><br><b>Copy of Notice to File Missing Parts, two executed Declarations/Power of Attorney and acknowledgement postcard.</b> |
| Remarks   |  |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                  |                                      |                    |
|-------------------------|----------------------------------|--------------------------------------|--------------------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name<br>G. Gregory Schivley | Reg. No.<br>27,382 |
| Signature               |                                  |                                      |                    |
| Date                    | December 14, 2004                |                                      |                    |

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| Signature             |                     | Date                   | December 14, 2004              |

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P A T E N T & T R A D E M A R K O F F I C E

# FEE TRANSMITTAL for FY 2005

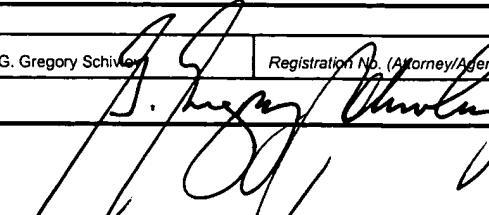
Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)  
**2320**

| <i>Complete if Known</i> |                   |
|--------------------------|-------------------|
| Application Number       | 10/747,814        |
| Filing Date              | December 29, 2003 |
| First Named Inventor     | Naruhide Kitada   |
| Examiner Name            | N/A               |
| Art Unit                 | 2181              |
| Attorney Docket No.      | 9319M-000622      |

| METHOD OF PAYMENT (check all that apply)   |                     | FEE CALCULATION (continued)   |                 |  |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
|--|---------------------|---|-----------------|--|-------------------------------|---|--------------|-----------------|----------|----------|----------|----------|----------|------|-----|------|----|-------------------------------------|-----|------|----|------|----|---|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|------|------|-----|--|--|------|------|------|-----|---|--|------|------|------|------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|------|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|-----|----------------------------------|--|------|------|------|-----|------------------------------------|--|------|------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|------|------|-----|-----------------|--|--------------|--------|-----|-----|-----|-------------------------------|--------------------|----|-------|-----|-------|--------|--------------------------------------|--------------------|--|--|--|-----|-----|---|---------------------|---------------------|------------------------|-----------------|------------------------|-----------------|----------|----------|----------|----------|-----------------|----------|------|----|------|----|------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|--|---------------------|--|-----------------|--|------------------------------|--|--|--|--|--|--|--|---|--|--|--|--|--|-----------------------------------|--|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number      50-3213 |                     | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>130</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1590</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2160</td> <td>2255</td> <td>1080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1500</td> <td>2453</td> <td>750</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1400</td> <td>2501</td> <td>700</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>800</td> <td>2502</td> <td>400</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>1100</td> <td>2503</td> <td>550</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>Total Claims</td> <td>-20 **</td> <td>= 0</td> <td>X 0</td> <td>= 0</td> <td>Petitions to the Commissioner</td> </tr> <tr> <td>Independent Claims</td> <td>10</td> <td>-3 **</td> <td>= 7</td> <td>X 200</td> <td>= 1400</td> <td>Processing fee under 37 CFR 1.17 (q)</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X 0</td> <td>= 0</td> <td>Submission of Information Disclosure Stmt</td> </tr> <tr> <td><b>Large Entity</b></td> <td><b>Small Entity</b></td> <td><b>Fee Description</b></td> <td><b>Fee Paid</b></td> <td><b>Fee Description</b></td> <td><b>Fee Paid</b></td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td colspan="2"><b>(\$ 790)</b></td> <td colspan="2"><b>SUBTOTAL (3)</b> (\$ 130)</td> </tr> <tr> <td colspan="6">           Extra Claims      Fee from below<br/>           Total Claims      -20 **      = 0      X 0      = 0<br/>           Independent Claims      10      -3 **      = 7      X 200      = 1400<br/>           Multiple Dependent                X 0      = 0         </td> </tr> <tr> <td colspan="6"> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br/>           Other fee (specify) _____         </td> </tr> <tr> <td colspan="6">           *Reduced by Basic Filing Fee Paid         </td> </tr> </tbody> </table> |                 |  |                               | Large Entity                              | Small Entity | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | 130 | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |  | 1053 | 130 | 1053 | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 120 | 2251 | 60 | Extension for reply within first month |  | 1252 | 450 | 2252 | 225 | Extension for reply within second month |  | 1253 | 1020 | 2253 | 510 | Extension for reply within third month |  | 1254 | 1590 | 2254 | 795 | Extension for reply within fourth month |  | 1255 | 2160 | 2255 | 1080 | Extension for reply within fifth month |  | 1401 | 500 | 2401 | 250 | Notice of Appeal |  | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal |  | 1403 | 1000 | 2403 | 500 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 500 | 2452 | 250 | Petition to revive – unavoidable |  | 1453 | 1500 | 2453 | 750 | Petition to revive – unintentional |  | 1501 | 1400 | 2501 | 700 | Utility issue fee (or reissue) |  | 1502 | 800 | 2502 | 400 | Design issue fee |  | 1503 | 1100 | 2503 | 550 | Plant issue fee |  | Total Claims | -20 ** | = 0 | X 0 | = 0 | Petitions to the Commissioner | Independent Claims | 10 | -3 ** | = 7 | X 200 | = 1400 | Processing fee under 37 CFR 1.17 (q) | Multiple Dependent |  |  |  | X 0 | = 0 | Submission of Information Disclosure Stmt | <b>Large Entity</b> | <b>Small Entity</b> | <b>Fee Description</b> | <b>Fee Paid</b> | <b>Fee Description</b> | <b>Fee Paid</b> | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1202 | 50 | 2202 | 25 | Claims in excess of 20 |  | 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 |  | 1203 | 360 | 2203 | 180 | Multiple dependent claim, if not paid |  | 1204 | 200 | 2204 | 100 | ** Reissue independent claims over original patent |  | 1205 | 50 | 2205 | 25 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (1)</b> |  | <b>(\$ 790)</b> |  | <b>SUBTOTAL (3)</b> (\$ 130) |  | Extra Claims      Fee from below<br>Total Claims      -20 **      = 0      X 0      = 0<br>Independent Claims      10      -3 **      = 7      X 200      = 1400<br>Multiple Dependent                X 0      = 0 |  |  |  |  |  | <b>2. 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| Large Entity   | Small Entity        | Fee Description   | Fee Paid        |  |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$)            | Fee Code  | Fee (\$)        |  |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1051   | 130                 | 2051  | 65              | Surcharge - late filing fee or oath                        | 130                           |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1052   | 50                  | 2052  | 25              | Surcharge - late provisional filing fee or cover sheet.    |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1053   | 130                 | 1053  | 130             | Non-English specification                                  |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1812   | 2,520               | 1812  | 2,520           | For filing a request for <i>ex parte</i> reexamination     |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1804   | 920*                | 1804  | 920*            | Requesting publication of SIR prior to Examiner action     |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1805   | 1,840*              | 1805  | 1,840*          | Requesting publication of SIR after Examiner action        |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1251   | 120                 | 2251  | 60              | Extension for reply within first month                     |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1252   | 450                 | 2252  | 225             | Extension for reply within second month                    |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1253   | 1020                | 2253  | 510             | Extension for reply within third month                     |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1254   | 1590                | 2254  | 795             | Extension for reply within fourth month                    |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1255   | 2160                | 2255  | 1080            | Extension for reply within fifth month                     |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1401   | 500                 | 2401  | 250             | Notice of Appeal   |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1402   | 500                 | 2402  | 250             | Filing a brief in support of an appeal                     |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1403   | 1000                | 2403  | 500             | Request for oral hearing                                   |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1451   | 1,510               | 1451  | 1,510           | Petition to institute a public use proceeding              |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1452   | 500                 | 2452  | 250             | Petition to revive – unavoidable                           |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1453   | 1500                | 2453  | 750             | Petition to revive – unintentional                         |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1501   | 1400                | 2501  | 700             | Utility issue fee (or reissue)                             |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1502   | 800                 | 2502  | 400             | Design issue fee   |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1503   | 1100                | 2503  | 550             | Plant issue fee  |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Total Claims   | -20 **              | = 0   | X 0             | = 0  | Petitions to the Commissioner |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Independent Claims   | 10                  | -3 **   | = 7             | X 200  | = 1400                        | Processing fee under 37 CFR 1.17 (q)      |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Multiple Dependent   |                     |   |                 | X 0  | = 0                           | Submission of Information Disclosure Stmt |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>Large Entity</b>  | <b>Small Entity</b> | <b>Fee Description</b>  | <b>Fee Paid</b> | <b>Fee Description</b>                                     | <b>Fee Paid</b>               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee (\$)            | Fee Code  | Fee (\$)        | Fee Description  | Fee Paid                      |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1202   | 50                  | 2202  | 25              | Claims in excess of 20                                     |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1201   | 200                 | 2201  | 100             | Independent claims in excess of 3                          |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1203   | 360                 | 2203  | 180             | Multiple dependent claim, if not paid                      |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1204   | 200                 | 2204  | 100             | ** Reissue independent claims over original patent         |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| 1205   | 50                  | 2205  | 25              | ** Reissue claims in excess of 20 and over original patent |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |                     | <b>(\$ 790)</b>   |                 | <b>SUBTOTAL (3)</b> (\$ 130)                               |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| Extra Claims      Fee from below<br>Total Claims      -20 **      = 0      X 0      = 0<br>Independent Claims      10      -3 **      = 7      X 200      = 1400<br>Multiple Dependent                X 0      = 0   |                     |   |                 |  |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br>Other fee (specify) _____  |                     |   |                 |  |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid  |                     |   |                 |  |                               |   |              |                 |          |          |          |          |          |      |     |      |    |                                     |     |      |    |      |    |   |  |      |     |      |     |                           |  |      |       |      |       |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |      |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |      |      |     |                          |  |      |       |      |       |   |  |      |     |      |     |                                  |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |      |      |     |                 |  |              |        |     |     |     |                               |                    |    |       |     |       |        |                                      |                    |  |  |  |     |     |   |                     |                     |                        |                 |                        |                 |          |          |          |          |                 |          |      |    |      |    |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |    |      |    |  |  |                     |  |                 |  |                              |  |  |  |  |  |  |  |   |  |  |  |  |  |                                   |  |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

| Complete (if applicable) |   |                                   |        |           |                   |
|--------------------------|---|-----------------------------------|--------|-----------|-------------------|
| Name (Print/Type)        | G. Gregory Schivley   | Registration No. (Attorney/Agent) | 27,382 | Telephone | (248) 641-1600    |
| Signature                |  |                                   |        | Date      | December 14, 2004 |

12-15-04

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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/747,814         | 12/29/2003             | Naruhide Kitada       | 9319M-000622           |

27572  
 HARNESS, DICKEY & PIERCE, P.L.C.  
 P.O. BOX 828  
 BLOOMFIELD HILLS, MI 48303

CONFIRMATION NO. 1894

## FORMALITIES LETTER



\*OC000000014123321\*

Date Mailed: 10/19/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 790 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$616** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

2320  
 Total additional fee(s) required for this application is **\$1536** for a Large Entity 12/16/2004 NNGUYEN1 00000040 503213 10747814

- **\$790** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.

|            |            |
|------------|------------|
| 01 FC:1001 | 790.00 DA  |
| 02 FC:1201 | 1400.00 DA |
| 03 FC:1051 | 130.00 DA  |

- Total additional claim fee(s) for this application is \$616 <sup>1400</sup>  
1400
- \$616 for 7 independent claims over 3.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

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*A copy of this notice **MUST** be returned with the reply.*



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